

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001384

AMENDED

Registration District No. 139

Primary Registration District No.

Registrar's No. 9

STATE FILE NUMBER

FILED JAN 29 1962

1. PLACE OF DEATH

a. COUNTY

HOLT

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

MAITLAND

Length of stay in 1b

3 Mos.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

HOLT

c. CITY

OR

TOWN

FORTESCUE

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

1 Mile WEST

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First THOMAS

Middle

Last BUNKER

4. DATE OF DEATH

Month JAN. 25, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

☒ Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

8-22-1879

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

REPUBLICAN City, KAN.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Sylvester I. Bunker

13b. MOTHER'S MAIDEN NAME

KATE GOURLEY

14. NAME OF HUSBAND OR WIFE

AMANDA B. BUNKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

MRS. THOMAS BUNKER, MAITLAND Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to Jan 25 62 and last saw him alive on 1-23-62

Death occurred at 9 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

AB Perry

(Degree or title)

22b. ADDRESS

Mound City Mo

22c. DATE SIGNED

1-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

1-27-1962

24. NAME OF CEMETERY OR CREMATORY

MOUNT HOPE

23d. LOCATION (City, town, or county)

MOUND City, Mo.

(State)

24. FUNERAL DIRECTOR

James H. Crawford

ADDRESS

Mound City, Mo

25. DATE RECD. BY LOCAL REG.

1-26-1962

26. REGISTRAR'S SIGNATURE

James H. Crawford

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James H. Blauford

Licensed Embalmer No. 4796

P. O. Address Mound City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.